

Testimony
Human Services Interim Committee
Representative Damschen, Chairman
July 30, 2013

Chairman Damschen, members of the Human Services Interim Committee, I am Nancy McKenzie, here today on behalf of Mental Health America of North Dakota (MHAND). MHAND strongly supports and is very interested in the comprehensive study of the ND behavioral health system in ND, and wishes to actively participate in the committee process.

In keeping with its mission to advocate for individuals with behavioral health issues, MHAND also serves as the sponsoring agency for the ND Consumer and Family Network (CFN) and as project director and member of the Governance Committee for the ND Rural Behavioral Health Network (NDRBHN). Each of these entities wishes to provide input during the study process regarding issues of access, availability and delivery of services.

There are three primary areas we would like to see the committee address: disparities, parity, and public and private partnerships/integration. I will briefly address each of these areas.

Disparities: I believe we would all concur that disparities exist in our state concerning access to and the delivery of behavioral health services. In addition to capacity issues, MHAND recognizes the disparities in rural areas, services to Native American individuals, and services to individuals within the correctional system. A full continuum of services includes emergent and longer term services as well as community support structures. An overall review of our state's behavioral health system needs to address not only the capacity in "traditional" services in populated areas, but these special need areas as well.

Parity: It is critical that we improve our ability to respond to behavioral health needs in a manner that is equal to that provided to other chronic medical conditions. MHAND has long supported that equal service means a full continuum of services with readily available access, just as is provided to individuals with heart disease or diabetes. We encourage the committee to also examine insurance reimbursements for behavioral health services. Again, the reimbursements should be equal to that for other chronic medical illness.

Public and Private Partnerships/Integration: If ND is to have a continuum of services that is cost effective and ultimately benefits the consumer, there must be increased coordination between public and private providers. Some of this exists today, but improvements are needed. One example of a system gap is the provision of short-term inpatient stabilization services by private hospitals through contracts with the Human Service Centers, and also short-term stabilization provided by the ND State Hospital. Who then provides the longer-term inpatient or residential care that some individuals need? A review of services needs to insure that all parts of the care continuum are covered.

MHAND also supports further integration of behavioral and health primary care services in order to improve access and early intervention, as well as the implementation of prevention strategies.

Thank you for allowing MHAND to provide this initial input to the committee today. We believe your committee has a significant opportunity to study the existing ND behavioral health system and make recommendations for much needed reforms. We stand ready to assist in the process in any way we can.